PTC/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.	
First Inventor	DALE A. KEISER
Title	GELLED LAXATIVE COMPUSITION
Express Mail Label No.	E4 9795 41174

(Only for new nonprovisional applications under 37 CFR 1.53(b))

See MPEP c	APPLICATION ELEMENTS napter 600 concerning utility patent application contents.	ADDRESS TO: Commission P.O. Box 1	Patent Application oner for Patents 450 IVA 22313-1450
Submit Applica See 37 See 37 Specific (preferre - Descri - Cross - Staten - Refere or a cc - Backg - Brief S - Brief C - Detailin	of arrangement set forth below) ptive title of the invention Reference to Related Applications sent Regarding Fed sponsored R & D since to sequence listing, a table, imputer program listing appendix round of the Invention summary of the Invention sescription of the Drawings (if filed) and Description	ii. Paper	ndix) Sequence Submission Form (CRF) Ince Listing on: D-R (2 copies); or
4. Drawin  5. Oath or Decl a. Nev b. Cop (for i	g(s) (35 U.S.C. 113) [Total Sheets] aration	10. 37 CFR 3.73(b) Statemer (when there is an assign English Translation Document Information Disclosure Statement (IDS)/PTO-14  13. Preliminary Amendment Return Receipt Postcard (Should be specifically it Certified Copy of Priority (if foreign priority is claim Nonpublication Request (b)(2)(B)(i). Applicant moor its equivalent.  17. Other: CARCA.	Attorney ument (if applicable) Copies of IDS (49 Citations  I (MPEP 503) emized) Document(s) red) under 35 U.S.C. 122 ust attach form PTO/SB/35
Specification foll Contin	nformation: Examiner ON OF DIVISIONAL APPS only; The entire disclosure of the	7 CFR 1.76: tion-in-part (CIP) of prior applicatio  Art Unit: prior application, from which an oath o	n No.:
	a part of the disclosure of the accompanying continuation or can only be relied upon when a portion has been inadver		
Custom	er Number:		spondence address below
Name	DALE A. KEISER	ON LE CONTE	spondence address below
Address	35600 S. ANTELOPE CREE	K ROAD	
City	WICKENBURG	State ACIZONA	Zip Code 85390
Country		elephone 928 684 [014	Fax
Name (Print/Ty	DALE A. KEISER	Registration No. (Attorney/Agent)	
Signature	Ola. KS		Date 10/2/03

This collection of Information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

IS 428

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	DALLE A. KEISER			
Examiner Name				
Art Unit				
Attorney Docket No.				

(17)		Allon	ey Do	CKELIN	iu.	
METHOD OF PAYMENT (check all that apply)			FEE	CALCULATION (continued)		
Check Credit card Money Other None		3. ADDITIONAL FEES				
Deposit Account:		Entity				
Deposit	Fee Code			Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filing fee or oath	L GO L GIO
Deposit Account	1052	50	2052		Surcharge - late provisional filing fee or cover sheet	
Name		130	1053	130	Non-English specification	
The Director is authorized to: (check all that apply)		2,520	1812		For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments		920*	1804	920*	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)					Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1,840*	1805	1,840°	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402		Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403		Request for oral hearing	
1005 160 2005 80 Provisional filling fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	1452	110	2452		Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 385	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1.330	2501		Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Paid		480	2502		Design issue fee	
Total Claims	1503	640	2503	320	Plant issue fee	
Independent Claims 4 - 3" = 1 X = 43	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3			ļ		(37 ČFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
		Other fee (specify)				
SUBTOTAL (2) (\$) 4.5 "for number previously paid, if greater; For Reissues, see above	*Red	uced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$)	
of number previously paid, if greater, nor reassues, see above						

SUBMITTED BY		(Complete (If applicable))
Name (Print/Type)	DALE A. KEIJER Registration No. (Attorney/Agent)	Telephone 928 684 1014
Signature	Deak5	Date 10/2/03

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